

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>H. A. E.</i>		07-10-01
O.I.P.E. CLASSIFIER	<i>S. A.</i>	32	7/17
FORMALITY REVIEW	<i>S. A.</i>	1123	08/23/01
RESPONSE FORMALITY REVIEW	<i>R. B.</i>	1018	10/26/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	04/10/22
2	03/03/22
3	03/03/22
4	03/03/22
5	03/03/22
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Claim	Date
Final Original	
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Claim	Date
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